

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4193AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/25/2008
NAME OF PROVIDER OR SUPPLIER THE HOMESTEAD INCORPORATED		STREET ADDRESS, CITY, STATE, ZIP CODE 365 WEST A STREET FALLON, NV 89406		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 11/25/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for fifty-three Residential Facility for Group beds for elderly and disabled persons, twenty-eight Category I residents and twenty-five Category II residents. The census at the time of the survey was forty-three. Fifteen resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:	Y 000		
Y 103 SS=D	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by:	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 Based on record review on 11/25/08, the facility did not ensure that 1 of 10 employees had the required tuberculosis (TB) documentation (Employee #4). Severity: 2 Scope: 1	Y 103			
Y 250 SS=F	449.217(1) Kitchens-Equipment works; Clean and Sanitary NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. This Regulation is not met as evidenced by: Based on observation, interview, and record review on 11/25/08, the facility did not ensure that its kitchen allowed for the sanitary preparation of food. Severity: 2 Scope: 3	Y 250			
Y 773 SS=F	449.2726(1)(a)(1) 449.2726(1)(a)(b) Diabetes NAC 449.2726 1. A person who has diabetes must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident's glucose testing is performed	Y 773			

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Y 773	Continued From page 2 by: (1) The resident himself, without assistance; or This Regulation is not met as evidenced by: Based on interview on 11/25/08, the facility did not ensure that blood glucose testing for 4 of 10 diabetic residents was performed by the residents themselves without assistance (Resident #2, #13, #14 and #17). This was a repeat deficiency from the 9/26/08 State Licensure survey. Severity: 2 Scope: 3	Y 773			
Y 923 SS=D	449.2748(3)(b) Medication Container NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered. This Regulation is not met as evidenced by: Based on observation and staff interview on 11/25/08, the facility failed to keep medications belonging to 3 of 18 residents in their original container (Resident #12, #13 and #18).	Y 923			

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Y 923	Continued From page 3 Severity: 2 Scope: 1	Y 923			
Y 944 SS=A	449.2749(2) Resident File / Discharge NAC 449.2749 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. This Regulation is not met as evidenced by: Based on record review and interview on 11/25/08, the facility did not provide proper documentation regarding a resident who had been discharged (Resident #17). Severity: 1 Scope: 1	Y 944			
YA280 SS=D	449.2175(10)(a-d) Dietary Consultant and Serv NAC 449.2175 10. The person providing services pursuant to subsection 9 shall provide those services not less than once each calendar quarter. The administrator of the facility shall keep a written record of the consultations on file at the facility. The consultations must include:	YA280			

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YA280	Continued From page 4 (a) The development and review of weekly menus; (b) Training for the employees who work in the kitchen; (c) Advice regarding compliance with the nutritional program of the facility; and (d) Any observations of the person providing the services regarding the preparation and service of meals in the facility to ensure that the facility is in compliance with the nutritional program of the facility. This Regulation is not met as evidenced by: Based on interview and record review on 11/25/08, the facility failed to obtain the services of a dietitian for 1 of 4 calendar quarters to provide training to kitchen staff, advice regarding compliance with the nutritional program, and development/review of weekly menus. Severity: 2 Scope: 1	YA280			
YA908 SS=B	449.2746(2)(a-f)PRN Medication Record NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration	YA908			

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YA908	<p>Continued From page 5</p> <p>of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on staff interview and review of the medication administration record (MAR) on 11/25/08, the facility did not ensure the MAR accurately reflected all required documentation for as needed medications belonging to 7 of 16 residents. (Resident #4, #5, #6, #8, #9, #10 and #15)</p> <p>Severity: 1 Scope: 2</p>	YA908			

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